

Q. Approximately how many preventable deaths occur each year in UK hospitals as a result of Venous Thromboembolism (VTE)?

- A. 2,500 patients
- B. One in three surgical patients
- C. 25,000 patients
- D. 250,000 patients

Q. When should you carry out a Venous Thromboembolism (VTE) risk assessment on a patient in hospital?
You may choose more than 1 answer.

- A. Daily
- B. As part of the admission process
- C. When a patient's condition or mobility changes
- D. Weekly
- E. Prior to discharge

Q. How regularly should patients be assessed for their risk of developing Venous Thromboembolism (VTE)?

Q. Which of these is a form of mechanical prophylaxis?

- A. Seamed stockings
- B. Hold-up stockings
- C. 10-denier stockings
- D. Anti-embolism stockings

Q. Which of these preventative measures should be offered to a surgical patient with haemophilia, on admission to hospital, to prevent Venous Thromboembolism (VTE)?

- A. Anti-embolism stockings, plenty of drinking water and advice on taking gentle exercise
- B. 75mg Aspirin straight away
- C. Anti-coagulant drugs, such as heparin, for the first week
- D. Strict bed rest for their entire hospital stay

Q. Venous Thromboembolism (VTE) is the collective term for what?

Q. What percentage of Urinary Tract Infections can be traced directly to the catheter?

- A. 60%
- B. 70%
- C. 80%

Q. What percentage of Urinary Tract Infections make up all hospital acquired infections?

- A. 10%
- B. 20%
- C. 30%

Q. Most patients with an indwelling catheter will have developed bacteriuria within:

- A. 1 day
- B. 1 week
- C. 1 month

Q. The most common symptoms of a systemic Catheter Acquired Urinary Tract Infection, or CAUTI, are:

- A. Pyrexia
- B. Offensive urine
- C. Cloudy urine

Q. A standard length catheter can be used:

- A. For a man only
- B. For a woman only
- C. For either

Q. When should a catheter be removed?

- A. When the doctor says to remove it
- B. When the family ask for it to be removed
- C. When it is no longer clinically indicated

Q. Which of the following is a complication of an indwelling urinary catheter?

- A. Bladder spasm and bypassing
- B. Constipation
- C. Headaches

- Q.** Gloves should be worn when manipulating the catheter:
- A. All of the time
 - B. Only a Catheter Acquired Urinary Tract Infection (CAUTI) is suspected
 - C. If you might get splashed by urine when emptying the bag

Q. A catheter specimen of urine should be taken from:

- A. The catheter bag via the tap
- B. Directly from the catheter when disconnecting the bag
- C. From the sample port

Q. What is ANTT?

Q. Name four drugs that are associated with increased falls?

Q. What environmental issues could contribute to an increased risk of falls?

Q. What public health messages would you discuss with the patient or service user in relation to falls?

Q. What observations should be carried out if a patient or service user falls?

Q. What information would you give your patient or service user about their dietary and fluid intake in relation to falls?

Q. Give four physical factors which could contribute to a patient or service user falling.

Q. A skin tolerance test can be carried out to assess the duration of time a client can potentially remain in one position before the need for repositioning?

True or False

Q. If a client has a Waterlow of 10 or above:

- A. They will develop pressure damage
- B. They are assessed as at risk and need a pressure area prevention plan
- C. They need pressure relief equipment
- D. A Datix/Incident needs to be completed

Q. SSKIN stands for

- A. Stand, Sit, Keep moving, In the Night
- B. Skin, Kare Is Necessary
- C. Sit Still Keeps Incidents Happening
- D. Surface, Skin Inspection, Keep your patients moving, Incontinence/Moisture, Nutrition/Hydration

Q. What pressure ulcer risk assessment tool has been adopted by DCHS?

- A. MUST
- B. The Norton Score
- C. The Waterlow Score
- D. Basic clinical judgement

- Q.** Choose a definition of what is an avoidable pressure ulcer?
- A. When the provider of care did not do one of the following: Evaluate the persons clinical condition and risk factors; plan and implement interventions; monitor and evaluate the impact of interventions
 - B. When a client is not concordant with the plan of care
 - C. When all risk is assessed, care is planned, implemented and evaluated, with evidence demonstrated within documentation is in place
 - D. An inevitability when a client is unwell